(c) if so, the details thereof and the difference between the cost of implementation of health schemes and the income generated from gutkha and pan masala?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) As per the Global Youth Tobacco Survey (GYTS) on tobacco prevalence, 2000-04, 14.6% of students between 13-15 years of age are smokeless tobacco users.

As per Report on Tobacco Control in India, 2004, the consumption of smokeless tobacco products leads to morbidity and mortality through various diseases, *viz,* cancer, cardiovascular diseases, pulmonary tuberculosis etc.

There has been no specific health cost study to evaluate/suggest difference between the cost of implementation of health schemes and the income generated from smokeless tobacco products. However, health cost of three major tobacco related diseases was estimated to be Rs. 30,833 crore in 2002-03.

NRHM in Himachal Pradesh

4083. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have formulated any strategy for effective implementation of the National Rural Health Mission in the country particularly in Himachal Pradesh;

(b) if so, the details thereof;

(c) whether it is also proposed to empower local bodies for effective management of the health schemes; and

(d) if so, the details in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. Government has implemented NRHM throughout the country

to provide accesible, affordable and accountable quality health services to the citizens including the poorest households in remotest rural regions. The difficult areas with relatively unsatisfactory health indicators have been classified as special focus States to ensure greatest attention where needed. Himachal Pradesh is one of the 18 high focus States.

(c) and (d) Empowerment of local bodies within the framework of Panchayati Raj Institutions (PRIs) is one of the core strategies under NRHM. The NRHM seeks to empower PRIs at all levels *i.e.* Gram Panchayat, Panchayat Samiti (Block) and Zilla Parishad (District) to take leadership in control and management of public health infrastructure at respective level. NRHM envisages transfer of funds, responsibility of planning, implementation and evaluation to PRIs. To facilitate local action, NRHM provides untied grants at all levels to be expended through the PRIs.

Allocation of funds to Tamil Nadu for Family Welfare Programmes

4084. SHRI S.P.M. SYED KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any proposal under Family Welfare Programme (FWP) for allocation of more funds with regard to infrastructure maintenance in Tamil Nadu is under consideration of the Governament;

(b) if so, the details thereof; and

(c) the details of allocation made under FWP during the last five years, State-wise?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The proposal to set-up Centre of Excellence (COE) in Madras Medical College with total cost of Rs. 100.00 crores under National Rural Health Mission is under consideration of Government of India.

(c) The State-wise allocation of funds for infrasturcture Maintenance Under Faily Welfare Programme during the last Five Years is given in Statement.